

B20 000 000 170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

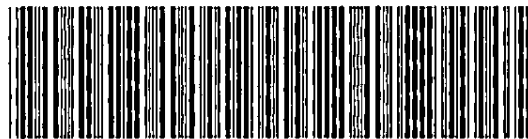
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR 25 PM 4:14  
TALLAHASSEE, FL  
CLERK OF COURT

D. BRUCE  
MAY 20 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
KIRENAGA GRO LP

**SUBJECT:** \_\_\_\_\_  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID SCALZO

\_\_\_\_\_  
(Contact Person)

KIRENAGA GRO GP LLC

\_\_\_\_\_  
(Firm/Company)

189 S. ORANGE AVENUE, SUITE 1400

\_\_\_\_\_  
(Address)

ORLANDO, FL 32801

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

DAVID SCALZO

914

202-6046

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 MAR 29 PM 4:14  
RECEIVED  
TALLAHASSEE, FL

**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

KIRENAGA GRO LP

(Name of foreign limited partnership or limited liability limited partnership)

B20000000170

(Florida Document Number of the Foreign LP or LLLP)

DELAWARE

(Jurisdiction of formation)

SEPTEMBER 11, 2020

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

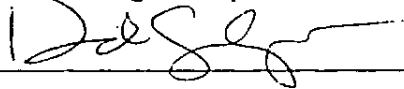
MARCH 31, 2021

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

DAVID SCALZO

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
2021 MAR 25 PM 4:14  
TALLAHASSEE  
FLORIDA  
DEPARTMENT OF STATE